

Please type a plus sign in this box:



PTO/SB/01 (3-97)

Approved for use through 6/30/98. OMB 0651-0032
Patent and Trademark Office; US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket No.	71494-0004		
		First Named Inventor	Drew Bossen		
COMPLETE IF KNOWN					
		Application No.			
		Filing Date			
		Group Art Unit			
		Examiner Name			
<input checked="" type="checkbox"/> Declaration submitted with or initial filing	<input type="checkbox"/> Declaration submitted after initial filing				
As a below named inventor, I hereby declare that:					
My residence, post office address, and citizenship are as stated below next to my name.					
I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
<div style="border: 1px solid black; padding: 5px; text-align: center;">SYSTEM AND METHOD FOR OPTIMALLY DETERMINING APPROPRIATE ERGONOMICS FOR OCCUPANTS OF A WORKSPACE (Title of the Invention)</div>					
the specification of which					
<input checked="" type="checkbox"/> is attached hereto					
or					
<input type="checkbox"/> was filed on _____, as United States Application Number or PCT International Application Number: _____ and was amended on _____ (if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.					
I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.					
Application Number (s)		Filing Date (MM/DD/YY)		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.	
60/319,291		06/03/02			
60/319,381		07/05/02			

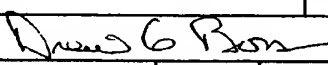
Please type a plus sign in this box:

+

PTO/SB/01 (3-97)

Approved for use through 6/30/98. OMB 0651-0032
Patent and Trademark Office; US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION - Utility Or Design Patent Application							
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the matter provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
U.S. Parent Application Number		PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
10/250,095				06/03/2003			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 20915 Or <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name		Registration No.		Name		Registration No.	
John E. McGarry		22,360		G. Thomas Williams		42,228	
Joel E. Bair		33,356		Michael F. Kelly		50,859	
Mark A. Davis		37,118					
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to <input checked="" type="checkbox"/> Customer Number or Bar Code Label				20915		or <input type="checkbox"/> Correspondence Address below	
Name		G. Thomas Williams, Reg. No. 42,228 McGarry Bair PC					
Address		171 Monroe Avenue, NW, Suite 600					
City, State, Zip		Grand Rapids, Michigan 49503					
Country		US		Telephone		616-742-3500	
				Fax		616-742-1010	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor				<input type="checkbox"/> A petition has been filed for this unsigned inventor.			
Given Name (first and middle [if any])				Family Name or Surname			
Drew				Bossen			
Inventor's Signature						Dated 8-2-04	
Residence: City		Iowa City		State		IA	
				Country		US	
Post Office Address		2401 Towncrest Drive					
City		Iowa City		State		IA	
				Zip		52240	
				Country		US	
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.							

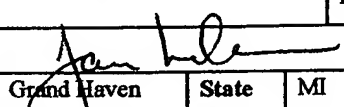
Please type a plus sign in this box:



PTO/SB/02A (3-97)

Approved for use through 6/30/98. OMB 0651-0032
Patent and Trademark Office, US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
James				Landsman			
Inventor's Signature						Dated 8/13/04	
Residence: City	Grand Haven	State	MI	Country	US	Citizenship	US
Post Office Address		13601 Forest Park Drive					
City	Grand Haven	State	MI	Zip	49417	Country	US
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Sherman				Robbins			
Inventor's Signature						Dated	
Residence: City	Caledonia	State	MI	Country	US	Citizenship	US
Post Office Address		1287 Pennecross S.E.					
City	Caledonia	State	MI	Zip	49316	Country	US
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Dated	
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Dated	
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	

Please type a plus sign in this box:

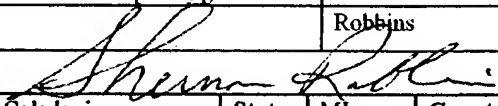


PTO/SB/02A (3-97)

Approved for use through 6/30/98. OMB 0651-0032
Patent and Trademark Office; US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
James				Landsman			
Inventor's Signature						Dated	
Residence: City	Grand Haven	State	MI	Country	US	Citizenship	US
Post Office Address		13601 Forest Park Drive					
City	Grand Haven	State	MI	Zip	49417	Country	US

Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Sherman				Robbins			
Inventor's Signature						Dated 8/11/04	
Residence: City	Caledonia	State	MI	Country	US	Citizenship	US
Post Office Address		1287 Pennecross S.E.					
City	Caledonia	State	MI	Zip	49316	Country	US

Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Dated	
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	

Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Dated	
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	